

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509380

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10	1		1			
11	1			1		
12		2				
13	1		1			
14	1		1			
15	1		1			
16	1			3		
17		4		3		
18		4		3		
19		4		3		
20		4		3		
21		4		3		
22		4		3		
23		4	1			
24	1			1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35	1		1			
36	1			1		
37		2		1		
38				1		
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49						
50						
TOTAL IND.	10	↓	9	↓		↓
TOTAL DEP.	39	←	64	←		←
TOTAL CLAIMS	69		72			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						